



Kansas Insurance Department
Accident and Health Division
Curtis State Office Building, Suite 130
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Topeka, Kansas 66612-1354
Phone (785) 368-7394 ** Fax (785) 368-7118

Form CHES RD-2

Rev. 9/2003

Restricted-Use Data Request Form

Please complete the following questions for restricted-use data, making corrections to pre-printed information where appropriate (use additional sheets if necessary).

Name _____ Organization _____
Address _____
Phone _____

IMPORTANT! Please include your Federal Tax ID: _____ **OR your Social Security No.:** _____

1. Brief description of the project or study proposed: _____

2. Purpose of the project or study: _____

3. Description of the data elements needed for the project or study: _____

Provide a brief description of the level of detail of data requested. _____

4. Has this project or study protocol been approved by an internal review board? Yes _____ No _____ N/A _____

5. a. Description of the data security procedures you or your organization will follow complete with who has responsibility for security of the data: _____

b. Who has access to the data? _____

6. a. Description of the proposed use and/or release of the data: _____

b. If data are to be released, how? _____

Format Needed:

☐ Hard Copy (paper, mailed or faxed if 5 pages or less) ☐ CD ROM ☐ 3.5 inch floppy disk ☐ 100 MB "Zip" Disk ☐ Labels

I understand that the data provided by the Kansas Insurance Department through the Kansas Department of Health and Environment will not be released or provided to other data users in a manner that will identify individuals. I also understand that breach of the confidentiality agreement in KAR 28-67-4 will result in immediate termination of future data provisions and is a Class C misdemeanor punishable by law. I understand that the data provided by the Center for Health and Environmental Statistics will not be released or provided to other data users in a manner that will identify individuals. I also understand that breach of the confidentiality agreement in KAR 28-67-4 will result in immediate termination of future data provisions and is a Class C misdemeanor punishable by law.

X

Requester _____ Date _____

X

Department Head _____ Date _____

Kansas Department of Health and Environment use only.

Tracking Number: _____

Date Request Received: _____
(Date) (Staff Initials)

Date Request Fulfilled: _____
(Date) (Staff Initials)

Fee Charged: _____

Check One:

☐ Data Provided as Requested.

☐ Modification of Request.

Explain: _____

A. Request Apprv/Denied by KDHE. _____
(Date) (Initials)

Request Apprv/Denied by KID: _____
(Date) (Initials)

_____ Appealed to Commissioner: _____
(Date) (Initials)

B. Commissioner approval sought? ☐ Yes ☐ No

_____ Commissioner Approval: _____
(Date) (Commissioner's Initials)

_____ Commissioner Denied: _____
(Date) (Commissioner's Initials)